

## CARDIAC TAMPONADE

### Supporting information

This guideline has been prepared with reference to the following:

Adler Y, Charron P, Imazio M et al. 2015 ESC Guidelines for the diagnosis and management of pericardial diseases: The Task Force for the Diagnosis and Management of Pericardial Diseases of the European Society of Cardiology (ESC). Endorsed by: The European Association for Cardio-Thoracic Surgery (EACTS). Eur Heart J. 2015;36:2921-64

<http://eurheartj.oxfordjournals.org/content/36/42/2921>

### Immediate Treatment

#### **A pericardial drain can safely be left in situ for several days in order to drain a large effusion?**

In a retrospective analysis of 51 cases of pericardial effusion (Okamoto, 1993), drainage tubes were left in situ for between 4 and 135 days (median 11 days) and 85% of patients were successfully treated, surviving for a median of 80 days. Slow infusion of heparin in saline may be useful to prevent catheter blockage and infection (Vaitkus, 1994).

Okamoto H, Shinkai T, Yamakido M, et al. Cardiac tamponade caused by primary lung cancer and the management of pericardial effusion. Cancer 1993;71:93-8

Vaitkus PT, Herrmann HC, LeWinter MM. Treatment of malignant pericardial effusion. JAMA 1994;272:59-64

**Evidence Level: IV**

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